

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> 13465	2 Fiscal Year Covered From <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through <input type="text"/> 12 / <input type="text"/> 31 / 2004
3 Name and address of person filing Name <input type="text"/> ARTHUR <input type="text"/> E <input type="text"/> RODGERS P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 12273 Townsend Road City <input type="text"/> Philadelphia State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 19154-1204	4 Name file number and address of labor organization Name <input type="text"/> INT L Union of Elevator Constrs Lu Un No 5 Labor Organization File Number <input type="text"/> 015-670 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 12273 Townsend Road City <input type="text"/> Philadelphia State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 19154-1204
5 Position in labor organization <input type="text"/> EXECUTIVE BOARD MEMBER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a Nature of Interest, Transaction or Income <input type="text"/> 7.b Amount <input type="text"/>

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Arthur E Rodgers

On

8/15/05

Date

215-676-2555

Telephone Number

Name of Person Filing ARTHUR RODGERS	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name National Elevator Industry Educational Prog Trade Name if any P O Box Bldg Room No if any Street Eleven Larsen Way City Attleboro Falls State Massachusetts ZIP Code + 4 02763-1068	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer						
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;">See attached</div> 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Salary</td> <td style="width: 20%; text-align: right;">\$2 730</td> </tr> <tr> <td>2004 Part Time Instructor</td> <td style="text-align: right;">355</td> </tr> <tr> <td>Reimbursed and other expenses</td> <td></td> </tr> </table> 12 b Amount. \$3 085	Salary	\$2 730	2004 Part Time Instructor	355	Reimbursed and other expenses	
Salary	\$2 730						
2004 Part Time Instructor	355						
Reimbursed and other expenses							

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name N/A

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

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11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

Name of Person Filing ARTHUR RODGERS

File Number U

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Trade Name if any:

P O Box Bldg Room No if any

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LM-30 Attachment

Name Arthur E Rogers

Ending date of report period 12/31/04

LM-30 File Number To be assigned

LM-30 Items

Number

- 8, Per direction provided by U S DOL OLMS, Part B includes reporting of transaction(s)
9, including reimbursement of valid expenses by a trust in which the labor organization is
11a interested as though the trust was a business This guidance provides a trust's dealings with
and, a labor organization include the trust's receiving contributions from employers obligated to
11b fund the trust per collective bargaining agreements negotiated by the labor organization
While the guidance is unclear, other transactions may also be deemed to constitute dealings
with the labor organization, trusts, or employers reportable in 11b Accordingly, the plan is
listed here as though it is a business that has dealings with the labor organization, but no
amount is reported in 11b and the total amount of all such dealings is not ascertainable Also
note, the DOL software for preparing Form LM-30 does not permit, in part B item 9,
selecting more than one answer